

Form **990**
(July 2000)
Department of the Treasury
Internal Revenue Service

91-2064932
AP Applied For Number

Part I General Information

* HAVE Applied FOR Number
Employer identification number

- | | | |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------|
| 1 Name of organization
DAN ROBINSON FOR NC 29TH. SENATE DISTRICT | | Employer identification number |
| 2 Mailing address (P.O. Box or number, street, and room or suite number)
P.O. BOX 115 | | |
| City or town, state, and ZIP code
Cullowhee, NC 28723 | | |
| 3 E-mail address of organization | | |
| 4a Name of custodian of records
PATSY LOVEDALE | 4b Custodian's address
P.O. Box 2229, Cullowhee, NC 28723
704 293-3471 home # | |
| 5a Name of contact person
DAN ROBINSON | 5b Contact person's address
P.O. Box 115, Cullowhee, NC 28723 | |
| 6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number | | |
| City or town, state, and ZIP code | | |

Part II Purpose

- 7 Describe the purpose of the organization
ELECTION TO THE NORTH CAROLINA 29TH SENATOR DISTRICT

Part III **List of All Related Entities** (see instructions)

8a Name of related entity	8b Relationship	8c Address

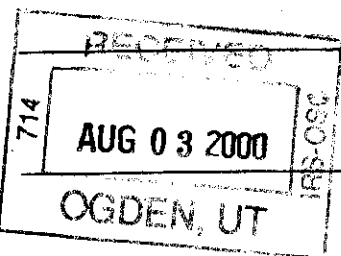
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9a Name

9a Name

9b Title

9c Address

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign
Here**

Signature of authorized official

Date _____



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